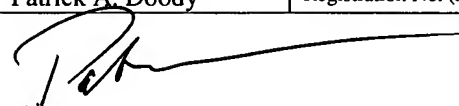


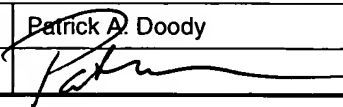
| UTILITY<br>PATENT APPLICATION<br>TRANSMITTAL<br>(Only for new nonprovisional applications under 37 CFR 1.53(b))   |  | Attorney Docket No. <b>59210.000052</b>  |                                   |
|---|--|--|-----------------------------------|
|   |  | First Inventor <b>Ruey J. YU</b>   |                                   |
|   |  | Title <b>OLIGOSACCHARIDE ALDONIC ACIDS<br/>AND THEIR TOPICAL USE</b>   |                                   |
|   |  | Express Mail Label No.   |                                   |
| <b>APPLICATION ELEMENTS</b><br>See MPEP chapter 600 concerning utility patent application contents.   |  | ADDRESS TO: Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231   |                                   |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (e. g., PTO/SB/17)<br>(Submit an original and a duplicate for fee processing)   |  | 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or<br>Computer Program (Appendix)   |                                   |
| 2. <input checked="" type="checkbox"/> Applicant claims small entity status.<br>See 37 CFR 1.27.  |  | 8. Nucleotide and/or Amino Acid Sequence Submission<br>(if applicable, all necessary)  |                                   |
| 3. <input checked="" type="checkbox"/> Specification [Total Pages <b>86</b> ]<br>(preferred arrangement set forth below)  |  | a. <input type="checkbox"/> Computer Readable Form (CRF)   |                                   |
| - Descriptive title of the invention  |  | b. Specification Sequence Listing on:  |                                   |
| - Cross Reference to Related Applications (if applicable)   |  | i. <input type="checkbox"/> CD-ROM or CD-R (2 copies; or   |                                   |
| - Statement Regarding Fed sponsored R & D (if applicable)   |  | ii. <input type="checkbox"/> paper   |                                   |
| - Reference to sequence listing, a table,<br>or a computer program listing appendix (if applicable)   |  | c. <input type="checkbox"/> Statements verifying identity of above copies  |                                   |
| - Background of the Invention   |  | <b>ACCOMPANYING APPLICATION PARTS</b>  |                                   |
| - Brief Summary of the Invention  |  | 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))  |                                   |
| - Brief Description of the Drawings (if filed)  |  | 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement [Power of<br>(when there is an assignee) Attorney  |                                   |
| - Detailed Description  |  | 11. <input type="checkbox"/> English Translation Document (if applicable)  |                                   |
| - Claim(s)  |  | 12. <input checked="" type="checkbox"/> Information Disclosure [Copies of IDS<br>Statement (IDS)/PTO-1449 Citations                                |                                   |
| - Abstract of the Disclosure  |  | 13. <input checked="" type="checkbox"/> Preliminary Amendment  |                                   |
| 4. <input type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets ]  |  | 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br>(Should be specifically itemized)                                    |                                   |
| 5. Oath or Declaration [Total Pages <b>3</b> ]  |  | 15. <input type="checkbox"/> Certified Copy of Priority Document(s)<br>(if foreign priority is claimed)  |                                   |
| a. <input checked="" type="checkbox"/> Newly executed (original or copy)  |  | 16. <input type="checkbox"/> Nonpublication request under 35 U.S.C.<br>122(b)(2)(B)(i). Applicant must attach form<br>PTO/SB/35 or its equivalent. |                                   |
| b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br>(for continuation/divisional with Box 18 completed)   |  | 17. <input type="checkbox"/> Other:  |                                   |
| i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b><br>Signed statement attached deleting inventor(s)<br>named in the prior application, see 37 CFR<br>1.63(d)(2) and 1.33(b)  |  |  |                                   |
| 6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76   |  |  |                                   |
| 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment,<br>or in an Application Data Sheet under 37 CFR 1.76:<br><input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: <b>09/987,023</b><br>Prior application information: Examiner: <b>Shelly A. Dobson</b> Group / Art Unit: <b>1616</b><br>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under<br>Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The<br>incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts. |  |  |                                   |
| <b>19. CORRESPONDENCE ADDRESS</b>   |  |  |                                   |
| <input checked="" type="checkbox"/> Customer Number or Bar Code Label   |  | 21967 or <input type="checkbox"/> Correspondence address below   |                                   |
| Name  |  | HUNTON & WILLIAMS LLP  |                                   |
| Address   |  | 1751 PINNACLE DRIVE<br>SUITE 1700  |                                   |
| City  |  | MCLEAN   | State                             |
| Country   |  | USA  | Telephone                         |
|   |  | VA   | 703 714 7400                      |
|   |  | Zip Code   | 22102                             |
|   |  | Fax  | 703 714 7410                      |
| Name (Print/Type)   |  | Patrick A. Doody   | Registration No. (Attorney/Agent) |
| Signature   |  |   | 35,022                            |
|   |  | Date   | March 30, 2004                    |

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|   |                |                         |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
|---|----------------|-------------------------|---|---|--------------|--------------------------|----------------|-----------------|----------|--|----|---|----|--|----|---|----|--|----|---|----|---|----|---|----|--|----|---|----|---|----|---|----|--|----|---|----|--|----|--|----|
| <b>FEE TRANSMITTAL</b><br><br><b>MAIL STOP</b>  |                | Complete If Known       |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
|   |                | Application No.         |   | unassigned  |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
|   |                | Filing Date             |   | March 30, 2004  |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
|   |                | First Named Inventor    |   | Ruey J. YU  |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
|   |                | Examiner Name           |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
|   |                | Group Art Unit          |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| Total Amount Of Payment (\$)  |                | 385.00                  |   | Attorney Docket No.   |              | 59201.000052             |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| METHOD OF PAYMENT (check one)   |                |                         |   | FEE CALCULATION (continued)   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| 1. <input type="checkbox"/> The Commissioner for Patents is hereby authorized to charge indicated fees and credit any over payments to <b>Deposit Account No. 50-0206</b> in the name of Hunton & Williams LLP.   |                |                         |   | 3. <b>ADDITIONAL FEES</b>   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
|   |                |                         |   | <table border="0" style="width: 100%;"> <tr> <td style="width: 60%;">Fee Description</td> <td style="width: 40%; text-align: right;">Fee Paid</td> </tr> <tr><td><input type="checkbox"/> Surcharge - late filing fee or oath</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> _____ Month Extension of Time</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Notice of Appeal</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Filing Brief in Support of Appeal</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Request for Oral Hearing</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary)</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Design Issue Fee</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Plant Issue Fee</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Petition to Commissioner</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Petition to Revive (Unavoidable)</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Petition to Revive (Unintentional)</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Petitions Related to Provisional Applications</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Submission of Information Disclosure Statement</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Filing Submission After Final Rejection</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Recording Each Patent Assignment Per Property</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Filing Request for Reexamination</td><td style="text-align: right;">\$</td></tr> <tr><td><input type="checkbox"/> Other (specify) _____</td><td style="text-align: right;">\$</td></tr> </table> |              |                          |                | Fee Description | Fee Paid | <input type="checkbox"/> Surcharge - late filing fee or oath | \$ | <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet | \$ | <input type="checkbox"/> _____ Month Extension of Time | \$ | <input type="checkbox"/> Notice of Appeal | \$ | <input type="checkbox"/> Filing Brief in Support of Appeal | \$ | <input type="checkbox"/> Request for Oral Hearing | \$ | <input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary) | \$ | <input type="checkbox"/> Design Issue Fee | \$ | <input type="checkbox"/> Plant Issue Fee | \$ | <input type="checkbox"/> Petition to Commissioner | \$ | <input type="checkbox"/> Petition to Revive (Unavoidable) | \$ | <input type="checkbox"/> Petition to Revive (Unintentional) | \$ | <input type="checkbox"/> Petitions Related to Provisional Applications | \$ | <input type="checkbox"/> Submission of Information Disclosure Statement | \$ | <input type="checkbox"/> Filing Submission After Final Rejection | \$ | <input type="checkbox"/> Recording Each Patent Assignment Per Property | \$ |
| Fee Description   | Fee Paid       |                         |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Surcharge - late filing fee or oath  | \$             |                         |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Surcharge - late provisional filing fee or cover sheet   | \$             |                         |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> _____ Month Extension of Time  | \$             |                         |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Notice of Appeal   | \$             |                         |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Filing Brief in Support of Appeal  | \$             |                         |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Request for Oral Hearing   | \$             |                         |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Utility Issue Fee (or Reissue) (including Publication Fee, if necessary)   | \$             |                         |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Design Issue Fee   | \$             |                         |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Plant Issue Fee  | \$             |                         |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Petition to Commissioner   | \$             |                         |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Petition to Revive (Unavoidable)   | \$             |                         |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Petition to Revive (Unintentional)   | \$             |                         |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Petitions Related to Provisional Applications  | \$             |                         |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Submission of Information Disclosure Statement   | \$             |                         |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Filing Submission After Final Rejection  | \$             |                         |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Recording Each Patent Assignment Per Property  | \$             |                         |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Filing Request for Reexamination   | \$             |                         |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <input type="checkbox"/> Other (specify) _____  | \$             |                         |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| 2. <input checked="" type="checkbox"/> Check Enclosed. The Commissioner for Patents is hereby authorized to charge any variance between the amount enclosed and the Patent Office charges to <b>Deposit Account No. 50-0206</b> in the name of Hunton & Williams LLP, 1900 K Street, N.W., Suite 1200, Washington, D.C. 20006-1109. |                |                         |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| FEE CALCULATION   |                |                         |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| 1. <b>BASIC FILING FEE</b> <input type="checkbox"/> Large Entity <input checked="" type="checkbox"/> Small Entity   |                |                         |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
|   |                |                         |   | <b>FEE PAID</b>   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| Utility Filing Fee  |                |                         |   | \$ 385.00   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| Design Filing Fee   |                |                         |   | \$  |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| Plant Filing Fee  |                |                         |   | \$  |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| Reissue Filing Fee  |                |                         |   | \$  |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| Provisional Filing Fee  |                |                         |   | \$  |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| 2. <b>EXTRA CLAIMS FEES</b>   |                |                         |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| CLAIMS AS AMENDED   |                |                         |   |   |              |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| For   | Number Present | Highest Number Paid For | Extra   | Rate  |              | Amount                   |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
|   |                |                         |   | Large Entity  | Small Entity |                          |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| TOTAL CLAIMS  | 1              | 20                      | 0   | x \$ 18.00  | x \$ 9.00    | \$ 0.00                  |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| INDEPENDENT CLAIMS  | 1              | 3                       | 0   | x \$ 86.00  | x \$ 43.00   | \$ 0.00                  |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| MULTIPLE DEPENDENT CLAIMS   |                |                         |   | \$ 290.00   | \$ 145.00    | \$ 0.00                  |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| <b>TOTAL EXTRA CLAIMS FEES</b>  |                |                         |   |   |              | <b>\$ 0.00</b>           |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| SUBMITTED BY  |                |                         |   |   |              | Complete (if applicable) |                |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| Typed or Printed Name   |                |                         | Patrick A. Doody  |   |              | Registration No.         | 35,022         |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |
| Signature   |                |                         |  |   |              | Date                     | March 30, 2004 |                 |          |  |    |   |    |  |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |   |    |   |    |  |    |   |    |  |    |  |    |